

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:


☒ Customer Number

24726

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/540,779
	

(check one)

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 C.F.R. 3.71. Statement Under 37 C.F.R. 3.73(b) is enclosed. (Form PTO ISB196).

☒ Attorney or agent of record 40107
(Reg. No.)

☐ Assignment recorded at Reel _____ Frame _____

Signature

David W. O'Brien

(512) 338-6300
Requestor's Telephone Number

4/25/2006
Date